

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020102

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. - Registrar's No. 234

FILED JUN 5 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

0940
2950

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>ST FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Twp. FARMINGTON - rural</u>		Length of stay in 1b <u>6 DAYS</u>	c. CITY OR TOWN <u>BLOOMSDALE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MINERAL AREA HOSP.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>STAR ROUTE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LENA ALMA NULENT</u>		4. DATE OF DEATH Month Day Year <u>MAY 30 1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/14/98</u> 9. AGE (last birthday) <u>64</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>64</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) <u>KEOKUK IOWA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>THOMAS MATHENY</u>		13b. MOTHER'S MAIDEN NAME <u>SADIE BUNCH</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES NULENT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>James Nugent Bloomsdale Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> DUE TO (b) <u>Acute Circulatory Failure</u> DUE TO (c) <u>Right Sided Congestive Heart Failure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>12h</u> <u>48h</u> <u>unattended</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u>12:10</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>June 1969</u> to <u>May, 1962</u> and last saw her <u>live on 11th APR 5-30-62</u> Death occurred at <u>12:10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ronald E. Warts, MD</u>		22b. ADDRESS <u>St. Genevieve Mo.</u>	22c. DATE SIGNED <u>5-31-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>6/2/62</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>ST AGNES</u>	23d. LOCATION (City, town, or county) (State) <u>BLOOMSDALE MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Res. C. Barber, St. Genevieve Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 31, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>

JUN 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Adrian J. Oklee

Licensed Embalmer No. 4740

P. O. Address St. Genevieve Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.